DOCUMENT RESUME

ED 241 845 CG 017 322

AUTHOR Kochalka, James; And Others
TITLE Covenant Contracting: Training Functions and Treatment Outcome.
PUB DATE Oct 83
NOTE 9p.; Paper presented at the Annual Meeting of the National Council on Family Relations (St. Paul, MN, October 11-15, 1983).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Clinical Experience; *Counseling Techniques; Counselor Role; *Counselor Training; Graduate Students; Higher Education; *Marriage Counseling; Performance Contracts; Prevention; Program Descriptions; *Psychoeducational Methods; Training Methods
IDENTIFIERS *Covenant Contracting; Georgia State University

ABSTRACT

This paper describes a psychoeducational procedure known as Covenant Contracting, which is used in the training of family psychologists at Georgia State University. The training framework for clinical experience is described, and the philosophical underpinning for this particular clinical sequence is summarized. The rationale for Covenant Contracting is explained in terms of Sager's (1976) tripartite conceptualization of marital satisfaction based on each spouse's expectations for the marriage. Procedures are then outlined for the eight 1-hour sessions. Data are presented showing the positive effects of participation. Training implications are discussed, and the roles of the trainee as educator, information gatherer, gatekeeper, coach, affect regulator, and consultant are outlined. Finally, implications of the procedure for therapist training and assessment, and couples' relationship improvement are summarized. (JAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED241845

COVENANT CONTRACTING: TRAINING FUNCTIONS AND TREATMENT OUTCOME

James Kochalka, Luciano L'Abate, John Lutz,
and James Metts

Georgia State University

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Luciano L'Abate

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 017322

Paper presented at the National Council on Family Relations Annual Meeting in St. Paul, Minnesota, October 1983.

COVENANT CONTRACTING: TRAINING FUNCTIONS AND TREATMENT OUTCOME

This paper describes a psychoeducational procedure known as Covenant Contracting (CC), as it is used in the training of family psychologists at Georgia State University. We will describe the framework in which Covenant Contracting is used, then discuss the procedures of Covenant Contracting as a springboard for considering benefits in training and service.

Training Context

Because training procedures can be understood only within a particular context, the training program will be described briefly. Family Psychology is one of five clinical Ph.D. specialties in the Department of Psychology; the other specialties are General Clinical, Behavior Therapy, Psychotherapy, and Child Clinical. In addition to didactic coursework in both traditional psychology and family-related areas (see L'Abate, Berger, Wright & O'Shea, 1979), students participate in a sequence of clinical exposure that ranges from the very structured to mostly unstructured. Specifically, four clinical experiences constitute most of the clinical training for this specialization before the 1-year clinical internship. The first is Structured Enrichment (L'Abate, in press), a highly programmed form of intervention that students complete with nonclinical couples and families during the first half of the first year. The second experience, Covenant Contracting, is completed during the second half of the first year. During the second year, students complete one Intimacy Workshop (L'Abate & Sloan, in press), which is a theme-focused, one-day workshop with four to six couples. During the second year, students also conduct marital and family therapy in the GSU Family Studies Center.

The philosophical underpinning for this particular clinical sequence may be summarized as follows. First, we believe that family psychologists should, in addition to providing systems-based interventions for dysfunctional couples and families, be able to provide preventive services for couples and families at different points on a continuum of functioning. This analogic model of service delivery challenges the "therapy vs. no therapy" distinction and adds services that may have preventive and enriching value. This belief in a continuum of service delivery justifies the use of nonclinical couples and families at the outset of training because we believe that this population has been underserved by clinicians and that they can benefit from innovative approaches to service delivery. We feel that it is unfair, if not indeed unprofessional, to both trainees and clients to expose them to the erring ways of a novice clinician. We agree with Constantine (1976), who suggested that neither trainees nor clients benefit from the "sink or swim" approach of beginning a clinical training sequence with couples and families who are in distress.

Second, clinical training should be conducted within a context of building competence. We have attempted this by providing trainees first with a great deal of structure for their initial clinical contacts, then reducing structure gradually as the trainees experience success (Kochalka & L'Abate, 1983). The gradual reduction in structure lessens the trainees' anxiety and potentiates their skills.

Rationale for Covenant Contracting

Covenant Contracting is a training procedure that allows observation of and intervention in a couple's interactional processes (see L'Abate & McHenry, 1983). The procedures have been adapted from Sager's (1976) tripartite conceptualization of marital satisfaction based on each spouse's expectations for the marriage. To state Sager's concept briefly, each spouse brings to the relationship expectations and wants in one of three categories: (a) expectations for marriage--prior, present, and future (e.g., a mate who is loyal); (b) biological and psychological needs (e.g., closeness-distance, activity-passivity); and (c) external foci of a problem rooted in categories (a) and (b) (e.g., communication, child-rearing practices). Further, these categories are included in three levels of awareness: (a) conscious and articulated, (b) conscious but not articulated, and (c) unconscious and unspoken. The goal, from Sager's perspective, is to help each spouse determine the components of the individual contracts, then to help the couple negotiate a mutually satisfying interactional contract. Although Sager does not specify exactly how he uses the contracting procedure, except to say that it is idiosyncratically employed throughout the course of therapy in which other procedures are used. With all due respect to Sager's intrapsychic formulations, we have adapted his notion of contracts as a stimulus for couples to provide interactional grist for study from a perspective that is primarily concerned with communication.

Our adaptation of Sager allows a reference point at which the relatively novice trainee can observe and intervene with a couple. Completing individual and joint contracts makes up the content of the program for trainee and client.

Covenant Contracting Procedures

Covenant Contracting is used with married or seriously committed couples. Subjects for our work come from a pool of psychology undergraduates who have selected this project from several possibilities. Because the average age of GSU undergraduates is 27, we are assured of having couples who represent a variety of life-cycle stages (Carter & McGoldrick, 1980).

CC takes place in eight 1-hour sessions. Session #1 is spent in rapport building and completing the pretests. Sessions #2 through #7 address the content of CC. Session #8 is a feedback session in which trainees and clients process the experience and in which trainees offer suggestions for future psychoeducational or psychotherapeutic involvement.

During the sessions, the trainees' tasks are to (a) explain briefly the concepts of contracting, (b) facilitate the completion of each spouse's individual contract, and (c) foster a context in which a mutual contract can be negotiated.

During Session #1, the trainees must establish rapport with the subjects rather quickly because of the time limits of the experience. From the outset, trainees state that the experience is not therapy and that particularly volatile issues (e.g., sexual difficulties) will thus not be addressed. CC is presented as an educational and skill-building process, whose purpose is to consider only a limited number of issues during the scheduled time.

In Sessions #2 through #4, the trainees help with the delineation of the partners' individual contracts (expectations and wants) according to Sager's three categories. As the partners go over their lists, one category per session, reading them aloud, the trainees observe the extent to which the partners are able to differentiate individual needs and wants by their use of "I" vs. "we" statements. During the individual contract sessions, partners are encouraged to be slightly selfish, bringing out individual dimensions, but they are also reassured that later they will work toward joint negotiation of their areas of difference. The trainees encourage the partners to specify their needs through clear communication. For example, if a wife says that she wants more time with her spouse, the trainee might ask her to state when and under what conditions she desires more time.

At the end of Session #4, the partners are instructed to go over their lists individually, select the items that each considers most important, and list those items by priority. The partners will negotiate the listed items in forming their joint marital contract.

In Sessions #5 through #7, the partners negotiate their individual needs and wants, in a context of reaching a joint marital contract, through a series of quid pro quo negotiating sessions. Here, the trainees help the couple list their prioritized needs and wants specifically enough that each partner will know what the other wants. The trainee also helps the partners decide what each partner will give in return, or exchange, or getting what each of them wants in the relationship and from each other. The trainee also helps the couple with negotiation skills (i.e., making their wants and needs statements more specific, generating alternatives, and making counterproposals). At this stage, the trainee continues to guide the couple away from obviously polarized areas and toward less problematic issues. (Difficult issues will be noted and incorporated during the feedback session.) The trainee often actively takes sides during this stage. For example, one husband wanted to pursue 5 more years of education; his wife was able to ask only that he set the table on the nights that he was home. In this instance, coaching and feedback were necessary to help the couple articulate an equitable exchange. Intensification at this stage is used to help the partners reach agreed terms by going beyond the usual communication sequence in which the husband suggests and the wife defers to him.

By the end of Session #7, it is necessary for the trainees to have helped the couple resolve at least one significant area of their contract.

In Session #8, the trainees congratulate the couple for having increased their skill in stating contractual concerns, note the couple's problem areas, and, if necessary, recommend future work.

Treatment Outcome

Comments by participants suggest that CC helps spouses articulate their marital concerns and reach solutions on issues of moderate intensity. Clinical impressions have been positive and have reflected the beneficial effects of participation.

Although we consider "nonclinical" populations fair game for psychoeducational interventions, we are still searching for the dimensions that respond to the clients' perceptions of benefits from participation. At this point, we can only present data that suggest that CC is definitely not an iatrogenic procedure (i.e., couples do not indicate that satisfaction is less as a result of having "stirred up" issues on such a short-term basis). Table 1 shows the results on the Dyadic Adjustment Scale (Spanier, 1976) for 21 couples who participated in CC through the Family Studies Center. Other data gathered in the course of this work are being analyzed and will be reported later.

Table 1.--Pre/Post Comparisons of Covenant Contracting Clients on the Dyadic Adjustment Scale

	($\underline{N}$ = 21) Male	($\underline{N}$ = 21) Female	($\underline{N}$ = 42) Combined Scores
Pre ($\bar{X}$)	110.66	106.71	108.69
Post ($\bar{X}$)	114.04	111.47	112.76

Implications for Training

Some have suggested that an initial task in training marital and family therapists is to help the trainee think in terms of interactional, or systemic, rather than intrapsychic, views of behavior (see Falicov, Constantine & Breulin, 1981; Liddle, 1980; Sluzki, 1974). Most of the attempts that have been cited are didactic and lack the educational potency of an experiential approach. We believe that conducting CC allows the trainee to observe the contrast between the spouses' individual contracts and the constraints that arise from the need to blend individual wants into a functioning dyad. The CC procedure allows trainees to elicit data at both the individual and the interpersonal levels. A clear bias in some systems models has been the neglect of the individual subsystem. CC allows the trainee to see both the individual cognitions that each partner brings to the

marriage and the systemic "dance" that occurs when the spouses interact. For example, a wife who verbally requests more time with her partner may, in the dyadic context, appear to consistently deflect potential solutions to the problem of not spending enough time together.

Another benefit of CC is that it allows us to use a variety of role behaviors that may be considered throughout a hierarchy of expertise. In recent years GSU has accepted students whose clinical exposure has ranged from never having been in the room with a couple or family to three or four years of marital and family therapy experience. Within this diversity of skills, CC allows all trainees to find their own levels of competence. We have defined several skills that intuitively cluster around several role categories and that may be considered on a continuum of increasing skill.

Although the several roles that we have defined as operative in CC may be seen at all levels of CC, they demand increasing skill from the trainee.

Educator. In this role, at the beginning, the trainee merely provides the parameters of CC (i.e., not therapy, but skill building) and specifies the dimensions of Sager's categories.

Information Gatherer. This role, involving the acquisition of information about the couple, continues throughout CC but occurs most specifically during the initial history taking, the assessment of the individual contracts, and observation of the partners' interactive patterns on a systemic level.

Gatekeeper. The role of the gatekeeper is either to allow and encourage information from the couple that will serve a proactive end (i.e., facilitate the negotiation of a mutual contract) or to disallow information that is potentially volatile and that, within the limited context of CC, may be considered inappropriate. Even during the initial sessions of helping the spouses articulate their individual contracts, some information will be minimized. This role assumes that a nonobjective reality (Reamy-Stephenson, 1983) will be created during CC and that the trainee is largely responsible for determining the parameters of this reality.

Coach. The role of the coach is activated during the later attempts to specify a negotiated contract between spouses. An active role, it requires a sensitivity to the clarity of issues, the appropriateness of the attempts to exchange, and parity between spouses. For example, one spouse may become frustrated in attempting to specify to the partner an individual need. The trainee may help the partner stay with the issue by encouraging him or her to specify more features until the mate understands the request.

Affect Regulator. This higher-order skill requires the trainee to modulate the intensity of the exchange between spouses. In some cases, the modulation may demand a reduction of the emotionality that is preventing the partners from thinking clearly about the issues. In other cases, if the trainee senses that the partners are colluding to avoid their differences on a particular issue, the trainee will raise the intensity (e.g., making slightly provocative remarks, such as "You two can do better than that").

Consultant. This role presumes a professional socialization that allows the trainee to respect the appropriate personal boundaries of the partners. During the feedback session, the role is used when the trainee recommends future involvement for the couple. It is also evidenced in the clinician's ability to move, gingerly but with impunity, into and out of the couple subsystem.

Summary

Although Covenant Contracting is in the formative stage as both a treatment and a training procedure, we are hopeful that it will be useful both for marital therapists in training and for couples who wish to improve the quality of their relational lives. At GSU efforts for the future are under way along three tracks: (a) the development of an assessment procedure that will better capture the nature of the change that occurs in CC; (b) the attempt to specify more clearly the skills that trainees gain during the conducting of CC; and (c) the use of CC with couples who present with moderate degrees of marital distress.

REFERENCES

Carter, E., & McGoldrick, M. The family life cycle. New York: Gardner Press, 1980.

Constantine, L. Designed experience: A multiple, goal-directed training program in family therapy. Family Process, 1976, 15, 373-387.

Falicov, D., Constantine, J., & Breunlin, D. Teaching family therapy: A program based on training objectives. Journal of Marital and Family Therapy, 1981, 7, 497-505.

Kochalka, J., & L'Abate, L. Structure and gradualness in the training of family psychologists. In L. L'Abate, Family psychology: Theory, therapy, and training. Washington, D.C.: University Press of America, 1983.

L'Abate, L. Structured enrichment with couples and families. Family Relations (in press).

L'Abate, L., Berger, M., Wright, L., & O'Shea, M. Training family psychologists: The Family Studies Program at Georgia State University. Professional Psychology, 1979, 10, 58-65.

L'Abate, L., & McHenry, S. Handbook of marital interventions. New York: Grune & Stratton, 1983.

L'Abate, L., & Sloan, S. A workshop format to increase intimacy in couples. Family Relations (in press).

Liddle, H. On teaching a contextual or systemic therapy: Training content, goals and methods. American Journal of Family Therapy, 1980, 8, 58-69.

Reamy-Stephenson, M. The assumption of non-objective reality: A missing link in the training of strategic family therapists. Journal of Strategic and Systemic Therapies, 1983, 2, 51-67.

Sager, C. J. Marital therapy and marital contracts. New York: Brunner/Mazel, 1976.

Sluzki, C. On training to think interactionally. Social Science and Medicine, 1974, 7, 483-485.

Spanier, G. Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, 1976, 38, 15-28.